

State of California

Governor Arnold Schwarzenegger

October 2005 Revision

Review of the California Ambient Air Quality Standard For Ozone

Volume I of IV
Chapters 1-2
Appendix A—Proposed Amendments

Staff Report
Initial Statement of Reasons for Proposed Rulemaking

October 27, 2005

California Environmental Protection Agency

Air Resources Board

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Website: http://www.arb.ca.gov.

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Disclaimer

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http://www.arb.ca.gov/research/aags/ozone-rs/ozone-rs.htm

This staff report, the Notice of Public Hearing to consider Amendments to Regulations for the State Ambient Air Quality Standard for Ozone, and all subsequent regulatory documents, including the FSOR, when completed, are available on the ARB Internet site for this rulemaking at www.arb.ca.gov/regact/ozone05/ozone05.htm

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March 4, 2005 Letter Submitting OEHHA Recommendations to the ARB for an Ambient Air Quality Standard for Ozone

Appendix G

Review of Animal Toxicological Studies on the Health Effects of Ozone

Abbreviations and Definitions

abscission the normal separation, involving a layer of specialized cells, of

flowers, fruits and leaves of plants

AOT40 accumulated exposure over threshold of 40 ppb ozone

AQDA air quality data action
ARB Air Resources Board

AVG aminoethoxyvinyl glycine
BSA Broader Sacramento Area

Ca²⁺ calcium ion

canopy a cover of foliage that forms when the leaves on the branches

trees in a forest overlap during the growing season

CEC controlled environment chamber
CFR Code of Federal Regulations

CO₂ carbon dioxide

COPD chronic obstructive pulmonary disease

d day

edaphic the physical, chemical, and biological characteristics of soil

ESPACE European Stress Physiology and Climate Experiment

FACE Free Air Carbon Enrichment system, a chamber-free, open-air

fumigation design

FEF25-75% forced expiratory flow rate between 25 and 75% of forced vital

capacity

FEM federal equivalent method (for air monitoring)

FEV1 forced expiratory volume in one second

fine roots roots with a diameter between 0.5 to 3 mm

foliar of or referring to a plant leaf

FRM federal reference method (for air monitoring)

full-sib seedlings that have the same parents, but not necessarily from

seed produced in the same year

FVC forced vital capacity

g gram

GBVAB Great Basin Valleys Air Basin

gdw gram dry weight

GIS geographic information system

gfw gram fresh weight

hr hour

hectare (= 10,000 m²; an area that is 100 m x 100 m) ha

half-sib seedlings that have one parent in common

hm hourly mean nitric acid HNO₃

the tendency toward maintaining physiological stability within homeostasis

an organism (plant or animal)

H&SC Health and Safety Code

IPM Integrated Pest Management. Jeffrey pine Pinus jeffreyi Grev. and Balf.

k allometric growth coefficient describing the distribution of dry

weight gain between competing plant parts, defined as the ratio

of the relative growth rates of the competing plant parts

 K^{+} potassium ion

kilogram (= 1,000 g = 2.205 pounds) kg kilometer (= 1,000 m = 0.6214 miles) km

L liter

LCAB Lake County Air Basin LST local standard time **LTAB** Lake Tahoe Air Basin meter (= 3.28 feet) m

 m^2 square meter, an area that is 1 m x 1 m

MCAB Mountain Counties Air Basin **MDAB**

Mojave Desert Air Basin

the internal cells of a leaf, distinct from cells at the leaf surface mesophyll cells

or from cell layers immediately adjacent to the leaf surface

mixed conifer forests with a tree-layer dominated by a mixture of conifer

species

montane of or relating to a mountain or mountainous area

mRNA messenger RNA (ribonucleic acid)

a biological association of a fungus (e.g., *Pisolithus tinctorius*) mycorrhizae

with the root cells of a plant (e.g., ponderosa pine tree)

trees with roots associated a mycorrhizae fungus mycorrhizal trees

n sample size

NARSTO a public/private partnership to coordinate research in Canada,

Mexico and the United States on tropospheric air pollution

(formerly the North American Research Strategy for

Tropospheric Ozone)

NCAB North Coast Air Basin

NCCAB North Central Coast Air Basin

NCLAN National Crop Loss Assessment Network, a national study of

ozone impacts on crops, undertaken during the 1980s

NEPAB Northeast Plateau Air Basin

ng nanogram (= $0.000000001 g = 10^{-9} g$)

 NH_4N_3 ammonium nitrate nL nanoliter $(10^{-9} L)$

nm nanometer, or one billionth of a meter

NO nitric oxide, the primary nitrogen-containing by-product of

combustion

NO₂ nitrogen dioxide

NO_X nitrogen oxides (or oxides of nitrogen)
ns not statistically significant at p =0.05

O₃ ozone; triatomic oxygen

OII ozone injury index

OTC open top field exposure chamber

PAR photosynthetically active radiation (400 – 700 nm)

phloem the plant tissue through which sugars and other organic

materials are transferred to different parts of the plant

photosynthesis the production by green plants of organic compounds from

water and carbon dioxide using energy absorbed from sunlight

Pisolithus tinctorius a mycorrhizae-forming fungus that forms root-associations with

a wide variety of pine and other tree species

ppb parts per billion by volume

ppb-hr parts per billion hours (i.e., sum of concentration times

duration), a measure of exposure to ozone

ppm parts per million by volume

ppm-hr parts per million hours (i.e., sum of concentration times

duration), a measure of exposure to ozone

process rates the degree or amount at which specific actions or activities

occur (e.g., water vapor loss from leaves of plants)

QAS Quality Assurance Section (of ARB)

R:S ratio of root biomass (dry weight) to shoot biomass

RGR relative growth rate, defined as the difference in the dry weight

of a plant or plant part over a time period, divided by the initial

dry weight and the length of the time period

RH relative humidity

RuBisCO ribulose bisphosphate carboxylase-oxygenase

RuBP ribulose bisphosphate

SCCAB South Central Coast Air Basin

SCOIAS Sierra Cooperative Ozone Impact Assessment Study

SDAB San Diego Air Basin

senescence the onset of aging -- a phase in plant development from

maturity to the complete loss of organization and function in

plants

SFBAAB San Francisco Bay Area Air Basin

shoot the aboveground portion of the plant (e.g., leaves, stems,

flowers, and fruits)

sieve cells the primary type of cell found in the phloem of plants

SIP State Implementation Plan

SJVAB San Joaquin Valley Air Basin

SoCAB South Coast Air Basin
SSAB Salton Sea Air Basin

sucrose a disaccharide (with 12 carbon atoms) commonly found in

plants

(sucrose) translocation the movement of sucrose (or other soluble organic food

materials) through plant tissues – most commonly from leaves

to stems/roots

SUM06 an ozone exposure metric involving concentration weighting,

defined as the sum of all hourly mean ozone concentrations

equal to or greater than 70 ppb

terrain-effect winds air currents influenced by the geographic features of the land

that it passes over

TREEGRO a physiologically based computer simulation model of tree

growth and development

Ulmus americana the scientific name for "American Elm"

UN-ECE United Nations Economic Commission for Europe

USD United States dollars

USDA United States Department of Agriculture
USDI United States Department of the Interior

USEPA United States Environmental Protection Agency

USV Upper Sacramento Valley

V_d deposition velocity, defined as deposition flux of ozone divided

by its concentration in air (usually in cm/s or m/s)

VPD vapor pressure deficit, a measure of evaporative demand of air

whorl the arrangement of leaves, petals, etc., at about the same

place on a stem

wk week yr year

ZAP zonal application system, a chamber-free, open-air exposure

system

 μg microgram (= 0.000001 g = 10^{-6} g)

 μ m micrometer or micron (= 0.000001 m = 10⁻⁶ m)

1 Executive Summary

The California Health and Safety Code in section 39606, requires the Air Resources Board to adopt ambient air quality standards at levels that adequately protect the health of the public, including infants and children, with an adequate margin of safety. Ambient air quality standards are the legal definition of clean air. In December 2000, as a requirement of the Children's Environmental Health Protection Act (Senate Bill 25, Escutia, Stats. 1999, Health and Safety Code 39606 (d)(1)), the Air Resources Board (ARB or Board), approved a report, "Adequacy of California Ambient Air Quality Standards" (ARB and OEHHA, 2000) that contained a brief review of all of the existing health-based California ambient air quality standards.

Following this review, the standard for ozone, currently set at 0.09 parts per million (ppm) for one hour, was prioritized to undergo full review after review of the standards for particulate matter and sulfates. Staff from ARB and the Office of Environmental Health Hazard Assessment (OEHHA) have reviewed the scientific literature on public exposure, atmospheric chemistry, health effects of exposure to ozone, and welfare effects. This Staff Report or Initial Statement of Reasons (Staff Report) presents the findings of the review and the staff recommendations to revise the ozone standard in order to adequately protect public health. The proposed amendments to the ambient air quality standard for ozone are based on the health effects review contained in Volume III of this Report and the recommendation of OEHHA, as required by Health and Safety Code section 39606(a)(2).

1.1 Summary of the Staff Report/Initial Statement of Reasons

1.1.1 Health Effects of Ozone

Controlled human exposure studies demonstrate that ozone exposure can result in reduced lung function, increased respiratory symptoms, increased airway hyperreactivity, and increased airway inflammation. Epidemiologic studies indicate that exposure to ozone is also associated with premature death, hospitalization for cardiopulmonary causes, emergency room visits for asthma, and restrictions in activity.

In controlled human exposure studies (see Chapter 9), exercising individuals exposed for 1 hour (hr) to an ozone concentration as low as 0.12 parts per million (ppm) or for 6.6 hours to a concentration as low as 0.08 ppm experienced lung function decrements and symptoms of respiratory irritation such as cough, wheeze, and pain upon deep inhalation. The lowest ozone concentrations at which airway hyperreactivity (an increase in the tendency of the airways to constrict in reaction to exposure to irritants) has been reported are 0.18 ppm ozone following 2-hour exposure in exercising subjects, 0.40 ppm following 2-hour exposure in resting subjects, and 0.08 ppm ozone in subjects exercising for 6.6 hr. Airway inflammation has been reported following 2-hour exposures to 0.20 ppm ozone and following 6.6-hour exposure to 0.08 ppm ozone.

Additional support for the exposure/response relationship for ozone health effects is derived from animal toxicological studies, which have shown that chronic ozone exposure can induce morphological (tissue) changes throughout the respiratory tract, particularly at the junction of the conducting airways and the gas exchange zone in the deep lung. In addition, the magnitude of ozone-induced effects is related to the inhaled dose (ozone concentration times breathing rate times exposure duration). Of these three factors ozone concentration is the most significant in predicting the magnitude of observed effects, followed by ventilation rate. Exposure duration has the least influence of the three factors.

Epidemiological studies (see Chapter 10) have shown positive associations between ozone levels and several health effects, including decreased lung function, respiratory symptoms, hospitalizations for cardiopulmonary causes, emergency room visits for asthma, and premature death. Children may be more affected by ozone than the general population due to effects on the developing lung and to relatively higher exposure than adults. There is little information available on the effects of ozone exposure on infants. Also, asthmatics may represent a sensitive sub-population for ozone. Since most California residents are exposed to levels at or above the current State ozone standard during some parts of the year, the statewide potential for significant health impacts associated with ozone exposure is large and wide-ranging.

1.1.2 Summary of Non-health Issues

The Staff Report contains reviews and discussions of non-health topics to provide a context for the health review and the staff recommendations for the State ozone standard. Almost all of the ozone in California's atmosphere results from reactions between substances emitted from sources including motor vehicles and other mobile sources, power plants, industrial plants, and consumer products. These reactions involve volatile organic compounds (VOC) and oxides of nitrogen (NO_X) in the presence of sunlight (Chapter 3). Ozone is a regional pollutant, as the reactions forming it take place over time, and downwind from the sources of the emissions. As a photochemical pollutant, ozone is formed only during daylight hours under appropriate conditions, but is destroyed throughout the day and night. Thus, ozone concentrations vary depending upon both the time of day and the location. Even in pristine areas there is some ambient ozone that forms from natural emissions that are not controllable (Chapter 4). This is termed "background" ozone. The average "background" ozone concentrations near sea level are in the range of 0.015 to 0.035 ppm, with a maximum of about 0.04 ppm.

The Staff Report includes an overview of statewide ozone precursor emissions that are involved in the formation of ozone (Chapter 5). The Staff Report also includes a discussion of the current ultraviolet photometry monitoring method, and a listing of approved samplers (Chapter 6). Although there are two measurement methods for ozone approved for use in the U.S. by the U.S. Environmental Protection Agency (USEPA), the method based on ultraviolet photometry is almost universally used in practice and is approved for use in California for state air quality standards.

The Staff Report includes a summary of current air quality in California, as well as long-term trends in statewide ozone concentrations (Chapter 7). Ozone is monitored continuously at approximately 175 sites in California. The highest number of exceedance days for both the State and federal 1-hour standards occurred in the San Joaquin Valley Air Basin and the South Coast Air Basin. Both areas had more than 115 State standard exceedance days and 31 or more federal standard exceedance days during each of the three years from 2001 through 2003. The Sacramento Metro Area, Mojave Desert Air Basin, and Salton Sea Air Basin all averaged more than 50 State standard exceedance days and averaged 6 or more federal standard exceedance days during 2001 through 2003. The remaining five areas (Mountain Counties Air Basin, San Diego Air Basin, San Francisco Bay Area Air Basin, South Central Coast Air Basin, and the Upper Sacramento Valley) averaged from 12 to 45 State standard exceedance days. The Upper Sacramento Valley area had no exceedances of the federal standard while the Mountain Counties Air Basin, San Diego Air Basin, San Francisco Bay Area Air Basin, and South Central Coast Air Basin each averaged 1 to 2 federal standard exceedance days for the three-year period.

The range of the measured maximum 1-hour concentrations tends to follow a similar pattern. The South Coast Air Basin showed the highest values, with measured concentrations of 0.169 ppm or higher during 2001 through 2003. The next highest 1-hour ozone concentrations occurred in the Salton Sea Air Basin and San Joaquin Valley Air Basin, which had concentrations of 0.149 ppm or higher during all three years. During 2001 through 2003, neither the State nor federal 1-hour standard was exceeded in the Lake County Air Basin, North Coast Air Basin, or Northeast Plateau Air Basin. Data for four additional areas, Great Basin Valleys Air Basin, Lake Tahoe Air Basin, North Central Coast Air Basin, and the Upper Sacramento Valley show exceedances of the State standard, but not the federal 1-hour standard (as described earlier, representative data for the Northeast Plateau Air Basin and Great Basin Valleys Air Basin are available for 2002 and 2003 only). Both the State and federal 1-hour standards were exceeded during at least two of the three years in all other areas.

Californians' indoor and personal exposures to ozone are largely determined by the outdoor ozone concentrations in their community. Nonetheless, some Californians experience a substantial exposure to ozone indoors, due to the increasing use of certain types of appliances and equipment that emit ozone. Children and those who are employed in outdoor occupations or exercise heavily outdoors, experience substantially greater exposures to ozone than the rest of the population, because they spend time outdoors during peak ozone periods.

A review of welfare effects, including effects of ozone on forest trees, agricultural crops, and materials is also discussed in this report (Chapter 8). Elevated concentrations of ozone can cause adverse effects on agricultural crops, forest trees and materials at current ambient levels, and the proposed health-based ozone standards should also provide protection to crops, forests and materials. In broad terms, impacts to crops are generally more severe than for forest trees owing to their inherently more vigorous rates of growth. Discussed in the

subsection on crops and the methods used to expose plants to ozone. This is followed by an examination of the physiological basis of ozone damage to plants, with special emphasis on carbon metabolism and the resulting impacts on crop growth and yield. Data collected since the 1950s on mixed conifer forests in the San Bernardino Mountains and the Sierra Nevada indicate that increasing numbers of ponderosa and Jeffrey pines exhibit ozone-specific needle damage due to the pollutant's cumulative effects. Also discussed are the impacts of ozone on materials, including building materials, rubber, paint, and fabrics. Although the proposed ozone standards are based on human health effects, progress toward attaining the proposed standards will provide welfare benefits.

1.2 Staff Recommendations for the Ozone Standard

California ambient air quality standards are defined in the Health and Safety Code section 39014, and 17 Cal. Code Regs. section 70101, and comprise four elements: (1) a definition of the air pollutant, (2) an averaging time, (3) a pollutant concentration, and (4) a monitoring method to determine attainment of the standard. The current California ambient air quality standard for ozone is 0.09 ppm averaged over one hour and was set by the Board in 1988. The data indicate that the current standard alone is not sufficiently protective of human health. Based on the review of the scientific literature and recommendations by OEHHA, the staff recommends that the following revisions be made to the California ambient air quality standard for ozone:

- 1. Ozone will continue to be the pollutant addressed by the standard.
- 2. Ozone 1-hour-average Standard retain the current 1-hour-average standard for ozone at **0.09 ppm**, **not to be exceeded**.
- 3. Ozone 8-hour-average Standard establish a new 8-hour-average standard for ozone at **0.070 ppm**, **not to be exceeded**.
- 4. Ozone Monitoring Method: retain the current monitoring method for ozone which uses the ultraviolet (UV) photometry method for determining compliance with the State ambient air quality standard for ozone. Incorporate by reference (17 Cal. Code Regs. section 70101) all federally approved UV methods (i.e., samplers) for ozone as "California Approved Samplers". This will result in no change in air monitoring equipment practices, but will align state monitoring requirements with federal requirements.

These recommendations are based on the following findings:

- a. Reduced lung function and increased respiratory or ventilatory symptoms following 1-hour exposure to 0.12 ppm ozone with moderate to heavy exercise.
- b. Increased airway hyperreactivity following 2-hour exposure to 0.18 ppm in exercising subjects.
- c. Airway inflammation following 2-hour exposure to 0.20 ppm ozone in exercising subjects

- d. Reduced lung function, increased respiratory and ventilatory symptoms, increased airway hyperreactivity, and increased airway inflammation following 6.6 to 8-hour exposure to 0.08 ppm ozone.
- e. Evidence from epidemiological studies of several health endpoints at current ambient concentrations of ozone including premature death, hospitalization, respiratory symptoms, and restrictions in activity and lung function.
- f. Evidence from epidemiological studies of emergency room visits for asthma suggesting a possible threshold concentration between 0.075 and 0.11 ppm from analyses based on a 1-hour averaging time, and a possible threshold concentration between 0.070 and 0.10 ppm from analyses based on an 8-hour averaging time.
- g. There is no evidence that children and infants respond to lower ozone concentrations than adults. Their risk is primarily related to their greater ventilation rate and greater exposure duration.
- h. The dose-rate of ozone inhalation influences the magnitude of observed effects.

The staff recommendations for revision of the California ambient air quality standard for ozone are primarily based on controlled human exposure studies. Epidemiologic data contributed to development of the margin of safety.

1.3 Other Recommendations

In light of the adverse health effects observed at current ambient concentrations and the lack of a demonstrated effect threshold for the population as a whole, staff makes the following comments:

- 1. Fund additional research investigating the responses of human subjects to multi-hour exposures to ozone concentrations between 0.04 and 0.08 ppm.
- 2. The standards should be revisited within five years, in order to re-evaluate the evidence regarding the health effects associated with ozone exposure.
- In any air basin in California that currently attains the ambient air quality standards for ozone, air quality should not be degraded from present levels.

1.4 Estimated Health Impacts of Ozone Exposure

Exposure to ozone at current ambient levels has substantial health impacts, including, but not limited to, death, hospitalization, emergency room visits, and symptoms of respiratory irritation. Staff estimates that the annual health impact of exposure to ozone at current levels, compared to attainment of the proposed State 8-hour and 1-hour ozone standards throughout California includes:

• 630 (310 – 950 probable range) premature deaths for all ages.

- 4,200 (2,400 5,800, 95% confidence interval (CI)) hospitalizations due to respiratory diseases for all ages.
- 660 (400 920, 95% CI) emergency room visits for asthma for children under 18 years of age.
- 4.7 million (1,200,000 8,600,000, 95% CI) school absences for children 5 to 17 years of age.
- 3.1 million (1.3 million 5.0 million, 95% CI) minor restricted activity days for adults above 18 years of age.

For comparison purposes, we also estimated the health impacts o current ozone levels compared to attainment of the federal 8-hour ozone standard of 0.08 ppm, and the health impacts of current ozone levels compared to attainment of the State 1-hour ozone standard alone. Specifically, we estimate that 360 (180 – 550, probable range) premature deaths annually are related to current ozone levels, compared to statewide attainment of the federal 8-hour standard, and about 540 (270 – 810, probable range) premature deaths annually are related to current ozone levels, compared to statewide attainment of the State 1-hour standard. Results for other health endpoints are in Appendix B.

The differences between the results are the "incremental" impacts of not attaining the State 1-hour and 8-hour standards, compared to the federal 8-hour ozone standard. However, it is more reasonable to consider attainment of the two State standards together, compared to current ozone levels, since it is unlikely that control strategies will be geared to fist attain one standard and then the other. Nonetheless, the current impact of not attaining the federal 8-hour standard is about 360 premature deaths annually, with an additional 270 deaths associated with not attaining the proposed State 8-hour standard, making the total estimated impact of not attaining both standards 630 deaths. Similarly, the current impact of not attaining the State 1-hour standard is about 540 premature deaths annually, with an additional 90 deaths associated with not attaining the proposed 8-hour standard, making the total estimated impact of not attaining both the State 1-hour and 8-hour ozone standards 630 premature deaths. More detailed discussion of this analysis is available in Appendix B.

As discussed in Appendix B, there are a several important assumptions and uncertainties in this analysis. Some have to do with study design, statistical methods, and choice of epidemiological studies used to develop the concentration-response (CR) functions used in the analysis. Few studies have investigated the shape of the CR function, or whether there is a population response threshold for health endpoints other than emergency room visits for asthma. Further uncertainty is added by assumptions in the statewide exposure assessment. It should also be noted that since several health effects related to acute exposure, and effects of chronic ozone exposure, are not included in the estimates, the health benefits associated with lowering ozone exposure are likely underestimated

1.5 Public and Peer Review of the Staff Recommendations

The draft version of this Staff Report was released to the public on June 21, 2004 and presented for review and comment at public workshops during 2004 on July 14 in Sacramento, July 15 in El Monte, July 16 in Fresno, and August 25 in Sacramento.

The draft Staff Report was peer reviewed by the Air Quality Advisory Committee (AQAC). AQAC is a scientific peer review committee, appointed by the University of California, to independently evaluate the scientific basis of staff findings and recommendations in the draft Staff Report for revising the California ambient air quality standard for ozone. The AQAC held a public meeting to discuss its review of the draft Staff Report, comments submitted by the public, and staff responses to those comments. AQAC concluded that the report was well written and researched, and that the proposed revision to the State ozone standard was adequately supported. AQAC findings, public comments, and staff responses can be found in Appendices C-E. Following the meeting of the Air Quality Advisory Committee (AQAC), staff revised the draft Staff Report based on comments received from AQAC and the public.

1.6 Environmental and Economic Impacts

The proposed ambient air quality standards will in and of themselves have no environmental or economic impacts. Standards simply define clean air. Once adopted, local air pollution control or air quality management districts are responsible for the adoption of rules and regulations to control emissions from stationary sources to assure their achievement and maintenance. The ARB is responsible for adoption of emission standards for mobile sources and consumer products. A number of different implementation measures are possible, and each could have its own environmental or economic impact. These impacts must be evaluated when the control measure is proposed. Any environmental or economic impacts associated with the imposition of future measures will be considered if and when specific measures are proposed.

1.7 Environmental Justice Considerations

State law defines environmental justice as the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies. The available literature suggests there appears to be no special vulnerability related to race, ethnicity or income level, although there may be higher exposure. Ambient air quality standards define clean air; therefore, all of California's communities will benefit from the proposed health-based standards.

1.8 Comment Period and Board Hearing

Release of this Staff Report opens the official 45-day public comment period required by the Administrative Procedure Act prior to the public meeting of the Air Resources Board to consider the staff's recommendations. Please direct all comments to either the following postal or electronic mail address:

Clerk of the Board Air Resources Board 1001 "I" Street, 23rd Floor Sacramento, California 95814 ozone05@listserve.arb.ca.gov

To be considered by the Board, written submissions not physically submitted at the hearing must be received at the ARB no later than 12:00 noon, April 27, 2005. Public workshops will be scheduled for April 2005 to present the final staff recommendations and receive public input on the Staff Report. Information on these workshops, as well as summaries of the presentations from past workshops and meetings are available by calling 1-916-445-0753 or at the following ARB website:

http://www.arb.ca.gov/research/aags/ozone-rs/ozone-rs.htm.

An oral report summarizing the staff recommendations for revising the ozone standard will be presented to the Board at a public hearing scheduled for April 28, 2005.

The staff recommends that the Board adopt the proposed amendments to the ambient air quality standards for ozone as stated above. The proposed amendments and their basis are described in detail in this Staff Report, which contains the findings of ARB and OEHHA staff's full review of the public health, scientific literature, and exposure pattern data for ozone in California. Due to the extensive nature of the literature review and the hundreds of studies reviewed, the Staff Report is divided into four volumes. Volume I contains the Executive Summary. Overview and Staff Recommendations, and Appendix A, the proposed amendments to the California Code of Regulations (amended regulatory text). Volumes II through IV present more detailed discussions of the material that is summarized in Volume I. Volume II includes background material on non-health topics, including chemistry of ozone formation and deposition, ozone precursor sources and emissions, ozone exposure and background levels, measurement methods, and welfare effects of ozone exposure. Volume III contains a summary of ozone health effects and an in-depth discussion of the basis for the staff recommendation. Volume IV includes several appendices, including an analysis of the estimated health benefits associated with attainment of the proposed standards, summaries of Air Quality Advisory Committee and public comments and staff responses, and supplemental animal toxicologic data.

1.9 References

Air Resources Board and Office of Environmental Health Hazard Assessment (2000). Adequacy of California Ambient Air Quality Standards: Children's Environmental Health Protection Act. Staff Report. Sacramento, CA. Available at http://www.arb.ca.gov/ch/programs/sb25/airstandards.htm.

2 Overview and Staff Recommendations

Ozone (O_3) can damage human cells upon contact, and has been implicated in a variety of adverse health effects. Scientific studies show that exposure to ozone can result in reduced lung function, increased respiratory symptoms, increased airway hyperreactivity, and airway inflammation. Exposure to ozone is also associated with premature death, hospitalization for cardiopulmonary causes, emergency room visits for asthma, and restrictions in activity. Ozone forms in the atmosphere as the result of reactions involving sunlight and two classes of directly emitted precursors. One class of precursors includes nitric oxide (NO) and nitrogen dioxide (NO₂), collectively referred to as nitrogen oxides or NO_X. The other class of precursors includes volatile organic compounds (VOCs, also called reactive organic gases or ROG), such as hydrocarbons. Ozone forms in greater quantities on hot, sunny, calm days. In metropolitan areas of California and areas downwind, ozone concentrations frequently exceed existing health-protective standards in the summertime. The current California ambient air quality standard for ozone is 0.09 ppm for one hour.

The sources of ozone precursor emissions within California have been grouped into three major categories: point sources, which are distinct facilities such as power plants and factories; mobile sources, which includes cars, trucks, and off-road mobile equipment; and area-wide sources, which include agricultural and construction activities, and consumer products. VOCs are emitted from vehicles, factories, fossil fuels combustion, evaporation of paints, and many other sources. NO_X is emitted from high-temperature combustion processes, such as at power plants or in motor vehicle exhaust .

The concentrations of ozone measured in the air vary both regionally and seasonally throughout California. For example, the Los Angeles area and the San Joaquin Valley experience highest ozone levels in the state. Ozone concentrations are typically higher during the summer months than the winter months.

To help understand which sources contribute to high ozone levels, the ARB has developed and maintains detailed facility and source specific estimates of the overall estimated ozone precursor emissions. Only the precursor gases are estimated. As a complement to emission inventory and routinely collected air quality monitoring data, the ARB conducts atmospheric modeling, using these precursor emission inventories and other appropriate information, to estimate ozone levels

2.1 Setting California Ambient Air Quality Standards

Ambient air quality standards (AAQS) represent the legal definition of clean air. They specify concentrations and durations of exposure to air pollutants that reflect the relationships between the intensities and composition of air pollution and undesirable effects (Health and Safety Code section 39014). The objective of an AAQS is to provide a basis for preventing or abating adverse health or welfare effects of air pollution (17 Cal. Code Regs. section 70101).

Health and Safety Code section 39606(a)(2) authorizes the Air Resources Board (Board) to adopt standards for ambient air quality "in consideration of public health,

safety, and welfare, including, but not limited to, health, illness, irritation to the senses, aesthetic value, interference with visibility, and effects on the economy." Standards represent the highest pollutant concentration for a given averaging time that is estimated to be without adverse effects for most people. Standards are set to ensure that sensitive population sub-groups are protected from exposure to levels of pollutants that may cause adverse health effects. A margin of safety is added to account for possible deficiencies in the data and measuring methodology. Health-based standards are based on the recommendation of the Office of Environmental Health Hazard Health Assessment (OEHHA).

Recent legislation requires that infants and children be given special consideration when ambient air quality standards are adopted. As part of its recommendation to the ARB, the statute requires OEHHA to use current principles, practices, and methods used by public health professionals to assess the following considerations for infants and children:

- 1. Exposure patterns among infants and children that are likely to result in disproportionately high exposure to ambient air pollutants in comparison to the general population.
- 2. Special susceptibility of infants and children to ambient air pollutants in comparison to the general population.
- 3. The effects on infants and children of exposure to ambient air pollutants and other substances that have a common mechanism of toxicity.
- 4. The interaction of multiple air pollutants on infants and children, including the interaction between criteria air pollutants and toxic air contaminants.

The law also requires that the scientific basis or the scientific portion of the method used to assess these considerations be peer reviewed (Health and Safety Code section 39606(c)). The draft Staff recommendations and their bases, including OEHHA's assessment and recommendation, is peer reviewed by the Air Quality Advisory Committee (AQAC). AQAC is an external peer review committee established in accordance with section 57004 of the Health and Safety Code and appointed by the President of the University of California a University of California. The AQAC meets to independently evaluate the scientific basis of draft recommendations for revising the California ambient air quality standards.

Ambient air quality standards should not be interpreted as permitting, encouraging, or condoning degradation of present air quality that is superior to that stipulated in the standards. Rather, they represent the minimum acceptable air quality. An AAQS adopted by the Board is implemented, achieved, and maintained by numerous rules and regulations that limit pollution from specific sources of ozone precursors. These rules and regulations are primarily, though not exclusively, emission limitations established by the regional and local air pollution control and air quality management districts for stationary sources, and by the Board for vehicular sources and consumer products (see generally, Health and Safety Code sections 39002, 40000, and 40001).

2.2 Current California Ambient Air Quality Standard for Ozone

The current California ambient air quality standard for ozone, established in 1988, is 0.09 ppm (180 $\mu g/m^3$) for a one-hour average. This value is not to be exceeded. This standard was established based on the following most relevant effects, which are listed in the table of standards (17 Cal. Code Regs. section 70200):

a. Short-term exposures:

- (1) Pulmonary function decrements and localized lung edema in humans and animals.
- (2) Risk to public health implied by alterations in pulmonary morphology and host defence in animals.

b. Long-term exposures: Risk to public health implied by altered pulmonary morphology in animals after long-term exposures and pulmonary function decrements in chronically exposed humans.

c. Welfare effects:

- (1) Yield loss in important crops and predicted economic loss to growers and consumers.
- (2) Injury and damage to native plants and potential changes in species diversity and number.
- (3) Damage to rubber and elastomers and to paints, fabric, dyes, pigments, and plastics.

The US EPA has set national ambient air quality standards, as noted in the table below. The federal one-hour standard will be phased out beginning in June 2005. The Federal Clean Air Act gives California authority to set its own ambient air quality standards in consideration of statewide concerns. California has the largest number of exceedances of the Federal 8-hour ozone standard in the United States, supporting California's need to address a significant statewide public health issue.

Current Ambient Air Quality Standards for Ozone

Averaging Time	California Standard	Federal Standard
1 Hour	0.09 ppm (180 μg/m³)	0.12 ppm (235 μg/m ³)
8 Hour	_	0.08 ppm (157 μg/m ³)

2.3 History of Ozone/Oxidant Standards

The first state oxidant standard was set in December 1959 by the state Department of Public Health (DPH), which had the responsibility for setting air pollution standards before the creation of the ARB. This standard was set at 0.15 ppm, averaged for one hour. The standard was for oxidant, rather than ozone, because the monitoring method available at that time, the potassium iodide (KI) method, measured all ambient oxidant

gases, including ozone and other oxidants such as peroxyacetyl nitrate (PAN) nitrogen dioxide, photochemical aerosols, and other unknown oxidants.

In 1969, the newly-created ARB reviewed the oxidant standard set by DPH and revised the standard to a concentration of 0.10 ppm, averaged over one hour, not to be equaled or exceeded. The information considered by the Board in 1969 included adverse effects upon: (1) the health of humans and animals; (2) vegetation; (3) materials; and (4) visibility. Eye irritation was listed as the most relevant effect of oxidant.

In 1974, the Board introduced ultraviolet photometry as the monitoring method for the standard. However, since ultraviolet photometry measures only ozone, the Board changed the designation of the standard from "oxidant" to "oxidant (as ozone)." Because only ozone was to be measured, the Board changed the most relevant effect from: "eye irritation" (which is caused primarily by peroxyacyl nitrates or PANs) to "aggravation of respiratory disease" (which is caused primarily by ozone).

In 1988, the Board changed the designation of the standard from "oxidant (as ozone)" to "ozone", and revised the standard to a concentration of 0.09 ppm, averaged over one hour, to reflect that the listed relevant effects were related to ozone exposure, rather than to oxidants in general.

For comparison, in 2000, the World Health Organization established a guideline value for ozone in ambient air of 120 μ g/m³ (0.061 ppm) for a maximum period of 8 hours per day (WHO 2000).

2.4 Review of the California Ambient Air Quality Standards

The Children's Environmental Health Protection Act (Senate Bill 25, Escutia, Stats. 1999, ch. 731) required the ARB, in consultation with the OEHHA, to evaluate all health-based standards by December 31, 2000, to determine whether the standards were adequately protective of the health of the public, including infants and children (Health and Safety Code section 39606 (d)). At its December 7, 2000 meeting, the Board approved a report, "Adequacy of California Ambient Air Quality Standards: Children's Environmental Health Protection Act" (ARB, et al., 2000), prepared by ARB and OEHHA staffs. The Adequacy Report concluded that health effects may occur in infants and children and other potentially susceptible subgroups exposed to ozone at or near levels corresponding to the current standard. The report identified the standard for ozone as having the second highest priority for further detailed review and possible revision. The standard for PM10 (including sulfates) had the highest priority and was reviewed and revised in 2002, including establishment of a new standard for PM2.5.

2.5 Findings of the Standard Review

2.5.1 Chemistry and Physics

Most of the ozone in California's air results from reactions between substances emitted from sources including motor vehicles, power plants, industrial plants, consumer products, and vegetation. These reactions involve volatile organic compounds (VOCs, which the ARB also refers to as reactive organic gases or ROG) and oxides of nitrogen (NO_X) in the presence of sunlight. Ozone is a regional pollutant, as the reactions forming it take place over time, and downwind from the precursor sources. As a

photochemical pollutant, ozone is formed only during daylight hours under appropriate conditions, but is destroyed throughout the day and night. Thus, ozone concentrations vary depending upon both the time of day and the location. Ozone concentrations are higher on hot, sunny, calm days. In metropolitan and downwind areas of California, ozone concentrations frequently exceed regulatory standards during the summer.

2.5.2 Ozone Background

Even in pristine areas there is some ambient ozone that forms from natural emissions that are not controllable. This is termed "background" ozone. Overall, it appears that "background" ozone in California is dominated by natural tropospheric and stratospheric processes. The effects of occasional very large biomass fires and anthropogenic emissions are secondary factors. The foregoing discussion indicates that average "natural background" ozone near sea level is in the range of 0.015 to 0.035 ppm, with a maximum of about 0.04 ppm. Exogenous enhancements to "natural" levels generally are small (about 0.005 ppm), and are unlikely to alter peak concentrations.

At altitudes above 2 km stratospheric intrusions can push peak ambient concentrations to 0.045 to 0.050 ppm. The timing, spatial extent, and chemical characteristics of stratospheric air mass intrusions makes these events recognizable in air quality records, providing that the affected region has a fairly extensive monitoring network and that multiple air quality parameters (CO, VOC, PM, RH) are being measured as well.

Intermittent episodes of "natural" ozone from very large biomass fires in boreal forests (Alaska, Canada, Siberia) can produce short-lived pulses of ozone up to 0.020 ppm that may arrive during the North American ozone season. Present understanding suggests that these are infrequent events at latitudes below about 50N. There are no data documenting such an event in California. Long range transport of anthropogenic ozone may grow as Asian energy consumption increases the continent's NO_X emissions. Model studies indicate that the Asian ozone increment in North America could double over the next few decades. Assuming the temporal pattern of transport remains unchanged, such an impact could increase mean ozone concentrations by 0.002 to 0.006 ppm. The potential effect on peak transport events is unknown at this time.

2.5.3 Ozone Precursor Emissions

Ozone is an oxidant gas that forms photochemically in the atmosphere when nitrogen oxides (NO_X) and reactive organic gases (ROG) are present under appropriate atmospheric conditions (see Chapter 5). Carbon monoxide (ROG) is also an ozone precursor. Both ROG and ROG are emitted from mobile sources, point sources, and area-wide sources. ROG emissions from anthropogenic sources result primarily from incomplete fuel combustion, and from the evaporation of solvents and fuels, while ROG and ROG emissions result almost entirely from combustion processes.

2.5.4 Monitoring Method

Two measurement methods for ozone are approved for use in the U.S. by the USEPA: one is based on the chemiluminescence that occurs when ozone and ethylene react, and the other on the attenuation of ultraviolet (UV) radiation by ozone. The method based on UV spectrometry is almost universally used in practice. Specifications and criteria for both methods exist in federal regulation. The UV photometry-based method

is approved for use in California for state air quality standards. Both state and federal requirements are applied directly by the ARB and the air districts in the ozone monitoring network in California.

2.5.5 Exposure

During 2001 through 2003, neither the State nor federal 1-hour standard was exceeded in the Lake County Air Basin, North Coast Air Basin, or Northeast Plateau Air Basin. Data for four additional areas, Great Basin Valleys Air Basin, Lake Tahoe Air Basin, North Central Coast Air Basin, and the Upper Sacramento Valley show exceedances of the State standard, but not the federal 1-hour standard (as described earlier, representative data for the Northeast Plateau Air Basin and Great Basin Valleys Air Basin are available for 2002 and 2003 only). Both the State and federal 1-hour standards were exceeded during at least two of the three years in all other areas.

The highest 8-hour average values were found in the South Coast Air Basin and San Joaquin Valley Air Basin. Maximum 8-hour concentrations in the South Coast Air Basin ranged from 0.144 ppm to 0.153 ppm during 2001 through 2003, while maximum 8-hour concentrations in the San Joaquin Valley ranged from 0.120 ppm to 0.132 ppm during the same three-year period. Three other areas, the Mojave Desert Air Basin, the Sacramento Metro Area, and the Salton Sea Air Basin also had a maximum 8-hour concentration above 0.120 ppm during at least one of the three years.

With respect to the federal 8-hour ozone standard, Lake County Air Basin and North Coast Air Basin showed no exceedance days during 2001 through 2003. One area, the Lake Tahoe Air Basin, averaged only one exceedance day for the three-year period, while the North Central Coast Air Basin averaged three 8-hour exceedance days. In contrast, the San Joaquin Valley Air Basin showed the highest average number of exceedance days (123), followed by the South Coast Air Basin (99). The Sacramento Metro Area, Mojave Desert Air Basin, Mountain Counties Air Basin, and Salton Sea Air Basin each averaged between 42 and 68 exceedance days during 2001 through 2003. The remaining four areas averaged between 7 and 25 federal 8-hour exceedance days during the three-year period.

Californians' indoor and personal exposures to ozone are largely determined by the outdoor ozone concentrations in their community. Nonetheless, some Californians experience a substantial exposure to ozone indoors, due to the increasing use of certain types of appliances and equipment that emit ozone. Others, such as many children and those who are employed in outdoor occupations, may experience substantially greater exposures to ozone than the rest of the population, because they spend time outdoors during peak ozone periods.

2.5.6 Welfare Effects

A review of welfare effects, including effects of ozone on forest trees, agricultural crops, and materials is also discussed in this report (Chapter 8). Elevated concentrations of ozone can cause adverse effects on agricultural crops, forest trees and materials at current ambient levels, and the proposed health-based ozone standards should also provide protection to crops, forests and materials. In broad terms, impacts to crops are generally more severe than for forest trees owing to their inherently more vigorous rates

of growth. Discussed in the subsection on crops and the methods used to expose plants to ozone. This is followed by an examination of the physiological basis of ozone damage to plants, with special emphasis on carbon metabolism and the resulting impacts on crop growth and yield. Data collected since the 1950s on mixed conifer forests in the San Bernardino Mountains and the Sierra Nevada indicate that increasing numbers of ponderosa and Jeffrey pines exhibit ozone-specific needle damage due to the pollutant's cumulative effects. Also discussed are the impacts of ozone on materials, including building materials, rubber, paint, and fabrics. Although the proposed ozone standards are based on human health effects, progress toward attaining the proposed standards will provide welfare benefits.

2.5.7 Health Effects

Review of the controlled human exposure, animal toxicology and epidemiologic literature led to the following conclusions as to the health effects of ozone exposure:

- 1. The lowest ozone concentration at which reduced lung function and increased respiratory and ventilatory symptoms have been observed following 1-hour exposure is 0.12 ppm with moderate to heavy exercise.
- 2. The lowest ozone concentration at which increased airway hyperreactivity following 2-hour exposure has been reported is 0.18 ppm in exercising subjects.
- 3. The lowest ozone concentration at which airway inflammation following 2-hour exposure has been reported is 0.20 ppm ozone in exercising subjects
- 4. Reduced lung function, increased respiratory and ventilatory symptoms, increased airway hyperreactivity, and increased airway inflammation have been reported following 6.6- to 8-hour exposure to 0.08 ppm ozone.
- 5. Evidence from epidemiological studies of several health endpoints including premature death, hospitalization, respiratory symptoms, and restrictions in activity and lung function.
- 6. Evidence from epidemiological studies of emergency room visits for asthma suggests a possible threshold concentration between 0.075 and 0.11 ppm from analyses based on a 1-hour averaging time, and a possible threshold concentration between 0.070 and 0.10 ppm from analyses based on an 8-hour averaging time.
- 7. There is no evidence that children and infants respond to lower ozone concentrations than adults. Their risk is primarily related to their greater ventilation rate and greater exposure duration.
- 8. The dose-rate of ozone inhalation influences the magnitude of observed effects.

2.6 Summary of Recommendations

Following a detailed review of the scientific literature on the health and welfare effects of ozone, staff is proposing to revise the ambient air quality standard for ozone. The recommended ozone standards are based on scientific information about the health impacts associated with ozone exposure, recognizing the uncertainties in these data. The definition of California ambient air quality standards assumes a threshold below which effects do not occur. However, the extremely wide range of individual

responsiveness to ozone makes identification of a threshold on a population level somewhat problematic. In addition, the Children's Environmental Health Protection Act [Senate Bill 25, Escutia; Stats. 1999, Ch. 731, H&SC section 39606(d)(2)] requires a standard that "adequately protects the health of the public, including infants and children, with an adequate margin of safety." Recognizing the uncertainties in the database, staff makes the following recommendations.

- 1. Ozone will continue to be the pollutant addressed by the standard.
- 2. One-hour ambient air quality standard: staff recommends retaining the current 1-hour ozone standard at a concentration of 0.09 ppm, not to be exceeded, based on several factors. First, at 0.12 ppm, in several studies 10 25% of the subjects experienced a decline of 10% of more in FEV1. In one study, these lung function changes were accompanied by increases in cough. At 0.24 ppm, increases were also observed in shortness of breath and pain on deep breath. These lung function and symptom outcomes have been demonstrated and replicated in several carefully controlled human exposure studies. The population at risk for these effects includes children and adults engaged in active outdoor exercise and workers engaged in physical labor outdoors. Thus, a margin of safety is necessary to account for variability in human responses. In addition, the chamber studies, by design, do not include potentially vulnerable populations (e.g., people with moderate to severe asthma, Chronic Obstructive Pulmonary Disease or COPD, and heart disease) who may be incorporated in the epidemiologic studies.

Second, chamber studies indicate that bronchial responsiveness and pulmonary inflammation occur with 1-hour exposure to 0.18 to 0.20 ppm. Bronchial responsiveness can aggravate pre-existing chronic respiratory disease. The ultimate impact of the inflammatory response is unclear but repeated exposures to high ozone levels may result in restructuring of the airways, fibrosis, and possibly permanent respiratory injury. These latter outcomes are supported by animal toxicology studies, which also suggest the possibility of decreases in lung defense mechanisms.

Third, epidemiological studies completed over the last 10 years indicate the potential for severe adverse health outcomes including premature death, hospitalizations, and emergency room visits. These studies include concentrations to which the public is currently being exposed. It is possible that some of these associations are due to relatively short-term exposures, for example less than two hours, since people at risk of experiencing these endpoints are unlikely to be engaged in multi-hour periods of moderate or heavy work or exercise outdoors. However, since there is high temporal correlation between 1-, 8-, and 24-hour average ozone concentrations, the averaging time of concern cannot be discerned from these studies.

Viewing all of the evidence, staff recommends retention of the 1-hour standard of 0.09 ppm, not to be exceeded, as being protective of public health with an adequate margin of safety.

3. <u>Eight-hour ambient air quality standard</u>: We recommend establishing a new 8-hour average standard of **0.070 ppm**, not to be exceeded. Our recommendation for the 8-hour standard is based primarily on the chamber studies that have been conducted

over the last 15 years, supported by the important health outcomes reported in many of the epidemiologic studies. With exposure for 6.6 to 8-hours to an ozone concentration of 0.08 ppm, several studies have reported statistically significant group effects on lung function changes, ventilatory and respiratory symptoms, airway hyperresponsiveness, and airway inflammation in healthy, exercising individuals. A substantial fraction of subjects in these studies exhibited particularly marked responses in lung function and symptoms. Consequently, a concentration of 0.08 ppm ozone for an 8-hour averaging time can not be considered adequately protective of public health, and does not include any margin of safety, based on the definitions put forth in State law. The one published multi-hour study investigating a concentration below 0.08 ppm showed no statistically significant group mean decrement in lung function or symptoms at 0.04 ppm compared to a baseline of clear air. In addition, all individual subjects had changes in FEV1 of less than 10%. One unpublished multi-hour study at 0.06 ppm (Adams 1998) reported no statistically significant group mean changes, relative to clean air, in either lung function or symptoms including pain on deep inhalation and total symptom score. Therefore, staff has recommended an 8-hour concentration of 0.070 ppm. Many of the studies, and issues and concerns associated with the epidemiological studies listed above concerning the 1-hour standard are also relevant to the 8-hour standard. As discussed above, it may be that the health effects, often correlated with 1-hour exposures in the epidemiologic studies, are actually associated with 8-hour (or other) average exposures. Therefore, these epidemiologic findings were factored into the margin of safety for the 8-hour average.

It should be noted that the recommended 8-hour average concentration has three rather than two decimal places. Staff initially considered selection of 0.07 ppm. However, rounding conventions applied to air quality data (see Section 7.1.4) are such that any measured value up to and including 0.074 ppm would round down to 0.07 ppm. The available data suggested that selection of 0.07 ppm would not include an adequate margin of safety, as required by State law. The one available study at 0.06 ppm did not find a group mean effect. Staff is recommending that the 8 hour average standard have three decimal places, 0.070 ppm, to ensure an adequate margin of safety. Section 6.3 discusses issues related to precision and accuracy of the monitored data.

4. Monitoring method for ozone: Staff recommends retention of the current monitoring method for ozone which uses the ultraviolet (UV) absorption method for determining compliance with the state Ambient Air Quality Standard for ozone. Incorporate by reference all federally approved UV methods for ozone as California Approved Samplers for ozone. This will not change current air monitoring practices, but will align state monitoring requirements with federal requirements.

2.6.1 Consideration of Infants and Children

The Children's Environmental Health Protection Act [Health and Safety Code section 39606 (b)] requires that air pollution effects on children and infants be specifically considered in selection of ambient air quality standards. Children have a higher ventilation rate relative to body weight at rest and during activity than adults. Children also tend to spend more time outside and be more active than adults. Consequently,

virtue of their higher ventilation rates and outdoor behavior patterns, they are likely to inhale larger total doses of ozone than the general population. However, the chamber studies of exercising children suggest that they have responses generally similar to adults, pointing to a similar degree of responsiveness. Epidemiologic studies that have examined both children and adults do not show clear evidence for greater sensitivity in children. Studies in animals at high exposure concentrations (0.5 ppm and higher, 8 hrs/day for several consecutive days) indicate that developing lungs of infant animals are adversely affected by ozone. The recommended standards are well below that level of exposure. Two studies have shown evidence of lower lung function in young adults raised in high ozone areas (Kunzli et al. 1997; Galizia and Kinney 1999). The study by Kunzli et al. (1997) suggested that exposure to ozone prior to age 6 was associated with lower attained lung function. Examination of data for the Los Angeles basin from the early 1980s, show summer averages of the 1-hour maximum to be above 0.10 ppm. This is considerably above present levels and above the recommended 1-hour standard. There is also evidence that children who play three or more sports are at higher risk of developing asthma if they also live in high ozone communities in Southern California. This study needs to be repeated before the effect can be attributed to ozone exposure with greater certainty, but the finding is of concern. The warm season daily 8hour maximum concentrations of ozone measured in these high ozone areas, over the four years of study, was 0.084 ppm. The proposed 8-hour standard of 0.070 ppm, therefore, should protect most children from asthma induction that may be associated with ozone exposure. Collectively, this body of evidence suggests that although children appear to be similarly responsive to a given dose of ozone as adults, they are at greater risk than adults of experiencing adverse responses to ozone by virtue of their higher level of outdoor activity, and consequently greater total exposure.

2.7 Estimated Health Impacts

Exposure to ozone at current ambient levels has substantial health impacts, including, but not limited to, death, hospitalization, emergency room visits, and symptoms of respiratory irritation. Staff estimates that the annual health impact of exposure to ozone at current levels, compared to attainment of the proposed State 8-hour and 1-hour ozone standards throughout California includes:

- 630 (310 950, probable range) premature deaths for all ages.
- 4,200 (2,400 5,400, 95% CI) hospitalizations due to respiratory diseases for all ages.
- 660 (400 920, 95% CI) emergency room visits for asthma for children under 18 years of age.
- 4.7 million (1,200,000 8,600,000, 95% CI) school absences for children 5 to 17 years of age.
- 3.1 million (1.3 million 5.0 million, 95% CI) minor restricted activity days for adults above 18 years of age.

For comparison purposes, we also estimated the health impacts o current ozone levels compared to attainment of the federal 8-hour ozone standard of 0.08 ppm, and the health impacts of current ozone levels compared to attainment of the State 1-hour

ozone standard alone. Specifically, we estimate that 360 (180 - 550), probable range) premature deaths annually are related to current ozone levels, compared to statewide attainment of the federal 8-hour standard, and about 540 (270 - 810), probable range) premature deaths annually are related to current ozone levels, compared to statewide attainment of the State 1-hour standard. Results for other health endpoints are in Appendix B.

The differences between the results are the "incremental" impacts of not attaining the State 1-hour and 8-hour standards, compared to the federal 8-hour ozone standard. However, it is more reasonable to consider attainment of the two State standards together, compared to current ozone levels, since it is unlikely that control strategies will be geared to fist attain one standard and then the other. Nonetheless, the current impact of not attaining the federal 8-hour standard is about 360 premature deaths annually, with an additional 270 deaths associated with not attaining the proposed State 8-hour standard, making the total estimated impact of not attaining both standards 630 deaths. Similarly, the current impact of not attaining the State 1-hour standard is about 540 premature deaths annually, with an additional 90 deaths associated with not attaining the proposed 8-hour standard, making the total estimated impact of not attaining both the State 1-hour and 8-hour ozone standards 630 premature deaths. More detailed discussion of this analysis is available in Appendix B.

As discussed in Appendix B, there are a several important assumptions and uncertainties in this analysis. Some concern the study design, statistical methods, and choice of epidemiological studies used to develop the concentration-response (CR) functions used in the analysis. Few studies have investigated the shape of the CR function, or whether there is a population response threshold for health endpoints other than emergency room visits for asthma. Further uncertainty is added by assumptions in the statewide exposure assessment. It should also be noted that since several health effects related to acute exposure, and effects of chronic ozone exposure, are not included in the estimates noted above, the health benefits associated with lowering ozone exposure are likely underestimated.

2.8 Public Outreach and Review

A draft Staff Report containing staff's preliminary findings was released to the public on June 21, 2004 titled, "Review of California Ambient Air Quality Standard for Ozone". Public outreach for the standard review involved dissemination of information through various outlets to include the public in the regulatory process. In an ongoing effort to include the public in the review of the ozone standard, the ARB and OEHHA integrated outreach into public meetings, workshop presentations, electronic "list serve" notification systems, and various web pages. Notification of release of the Staff Report, the schedule for public meetings and workshops, and invitations to submit comments on the Staff Report were made through the "list serve" notification system. Public workshops on the proposed ozone standard were held on July 14 – 16, 2004 in Sacramento, El Monte, and Fresno. An additional public workshop was held on August 24, 2004 in Sacramento.

Individuals or parties interested in signing up for an electronic e-mail "list serve" notification on the ozone standards, as well as any air quality-related issue, may self-

enroll at the following location: www.arb.ca.gov/listserv/aaqs/aaqs.htm. Additional information on the standards review process is also available at the ozone standards review schedule website at: www.arb.ca.gov/research/aaqs/ozone-rs/ozone-rs.htm.

2.9 Air Quality Advisory Committee Review

The Air Quality Advisory Committee, an external scientific peer review committee that was appointed by the President of the University of California, met January 11 and 12, 2005, in Berkeley, California to review the initial Staff Report and public comments, and to ensure that the scientific basis of the recommendations for the ozone standard are based upon sound scientific knowledge, methods, and practices. The AQAC held a public meeting, which provided time for oral public comments, and discussed their review of the draft Staff Report and the draft recommendations, and provided comments for improving the draft Staff Report. Final findings were received on February 24, 2005.

The AQAC determined that the staff recommendations were well founded on the scientific literature, and voted to endorse them. The Committee made suggestions for minor changes to the draft Staff Report to increase clarity, requested more detailed discussion of several topics, and inclusion of several additional scientific papers. The AQAC findings are included in this Initial Statement of Reasons as Appendix C, in Volume IV.

2.10 Environmental and Economic Impacts

The proposed ambient air quality standards are scientific in nature, and will in and of themselves have no environmental or economic impacts. Standards simply define clean air. Once adopted, local air pollution control or air quality management districts are responsible for the adoption of rules and regulations to control emissions from stationary sources to assure their achievement and maintenance. The Board is responsible for adoption of emission standards for mobile sources. A number of different implementation measures are possible, and each could have its own environmental and/or economic impact. These impacts must be evaluated when the control measure is proposed. Any environmental or economic impacts associated with the imposition of future measures will be considered if and when specific measures are proposed.

2.11 Environmental Justice

State law defines environmental justice as the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies (Senate Bill 115, Solis; Stats 1999, Ch. 690; Government Code §65040.12(c)). The Board established a framework for incorporating environmental justice into the ARB's programs consistent with the directives of State law (ARB, 2001). The policies developed apply to all communities in California, but recognize that environmental justice issues have been raised more in the context of low-income and minority communities, which sometimes experience higher exposures to some pollutants as a result of the cumulative impacts of air pollution from multiple mobile, commercial, industrial, areawide, and other sources.

Because ambient air quality standards simply define clean air, all of California's communities will benefit from the proposed health-based standards, as progress is made to attain the standards. Over the past twenty years, the ARB, local air districts, and federal air pollution control programs have made substantial progress towards improving the air quality in California. However, some communities continue to experience higher exposures than others as a result of the cumulative impacts of air pollution from multiple mobile and stationary sources and thus may suffer a disproportionate level of adverse health effects. Since the same ambient air quality standards apply to all regions of the State, these communities will benefit by a wider margin and receive a greater degree of health improvement from the revised standards than less affected communities, as progress is made to attain the standards. Moreover, just as all communities would benefit from new, stricter standards, alternatives to the proposed recommendations, such as not proposing an eight-hour ozone standard, would adversely affect many communities.

While it is possible that residents in environmental justice communities may be particularly sensitive to ozone, only one study investigated whether socioeconomic status (SES) alters responses to ozone exposure, and those results were difficult to explain. Hence, the study did not allow inferences as to whether socioeconomic status impacts on sensitivity to ozone. Moreover, other controlled studies investigating whether gender, ethnicity or environmental factors contribute to the responses to ozone exposure could not convincingly demonstrate a link with responsiveness. Therefore, the database is insufficient to conclude whether differences in ozone susceptibility exist in environmental justice communities. These studies are discussed in more detail in Section 9.6.8.

Once ambient air quality standards are adopted, the ARB and the local air districts will propose emission standards and other control measures designed to result in a reduction of ambient ozone levels. The environmental justice aspects of each proposed control measure will be evaluated in a public forum at this time.

As additional relevant scientific evidence becomes available, the ozone standards will be reviewed again to make certain that the health of the public is protected with an adequate margin of safety.

2.12 References

Adams WC. 1998. Dose-response effects of varied equivalent minute ventilation rates on pulmonary function responses during exposure to ozone. Final Report to the American Petroleum Institute. Washington D.C.

Air Resources Board. Ambient Air Quality Standard for Ozone: Health and Welfare Effects. Staff Report. September 1987. Sacramento, CA.

Air Resources Board and Office of Environmental Health Hazard Assessment. Adequacy of California Ambient Air Quality Standards: Children's Environmental Health Protection Act. Staff Report. 2000.

Air Resources Board (2001). Policies and Actions for Environmental Justice, December 13, 2001.

Galizia A, Kinney PL. 1999. Long-term residence in areas of high ozone: associations with respiratory health n a nationwide sample of nonsmoking young adults. Environ Health Perspect 107:675-679.

Kunzli N, Lurmann F, Segal M, Ngo L, Balmes J, Tager IB. 1997. Association between lifetime ambient ozone exposure and pulmonary function in college freshmen – results of a pilot study. Environ Res 72:8-23.

McConnell R, Berhane K, Gilliland F, London SJ, Islam T, Gauderman WJ, Avol E, Margolis HG, Peters JM. 2002. Asthma in exercising children exposed to ozone: a cohort study. Lancet 359:386-391.

World Health Organization (2000). Air Quality Guidelines for Europe, Second Edition. (WHO regional publications, European series, No. 91.)

Appendix A

PROPOSED AMENDMENTS TO CALIFORNIA CODE OF REGULATIONS

AND

AIR MONITORING QUALITY ASSURANCE MANUAL VOLUME IV, PARTS A, B, & C (DOCUMENT INCORPORATED BY REFERENCE)

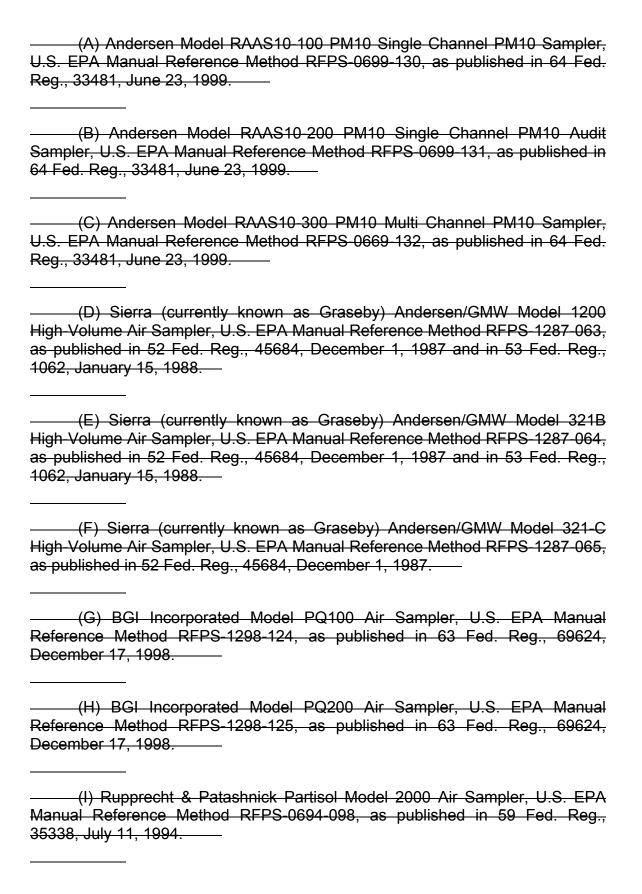
[PROPOSED] REGULATION ORDER

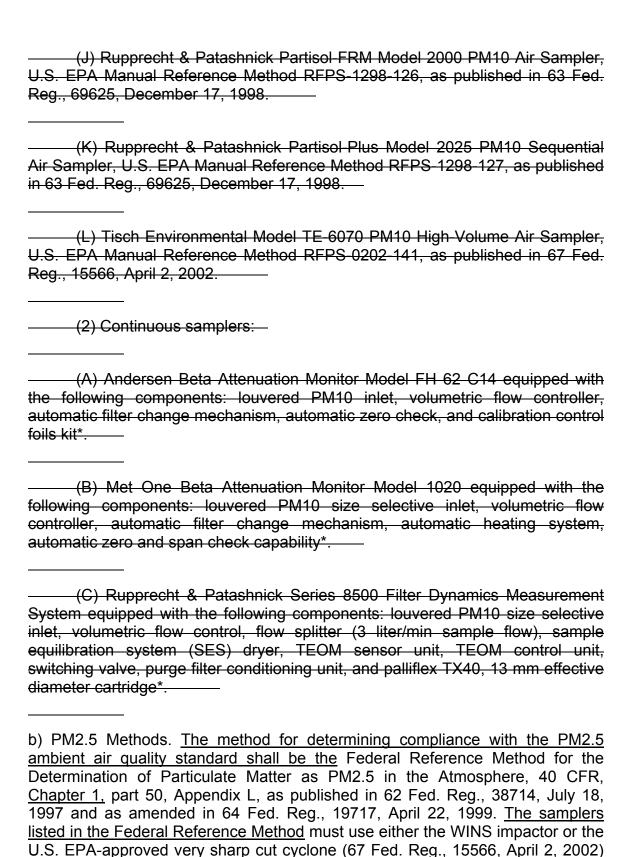
Section 70100. Definitions

- (g) Oxidant. Oxidant is a substance that oxidizes a selected reagent that is not oxidizable by oxygen under ambient conditions. For the purposes of this section, oxidant includes ozone, organic peroxides, and peroxyacyl nitrates but not nitrogen dioxide. Atmospheric oxidant concentrations are to be measured with ozone as a surrogate by ultraviolet photometry, or by an equivalent method.
 - (gh) Carbon Monoxide ...
 - (hi) Sulfur Dioxide ...
- (ijj) Suspended Particulate Matter (PM10). Suspended particulate matter (PM10) refers to atmospheric particles, solid and liquid, except uncombined water as measured by a (PM10) sampler which collects 50 percent of all particles of 10 mm aerodynamic diameter and which collects a declining fraction of particles as their diameter increases and an increasing fraction of particles as their diameter decreases, reflecting the characteristics of lung deposition. Suspended particulate matter (PM10) is to be measured by a California Approved Sampler (CAS) for PM10, for purposes of monitoring for compliance with the Suspended Particulate Matter (PM10) standards. Approved samplers, methods, and instruments are listed in Section 70100.1(a) below. A CAS for PM10 includes samplers, methods, or instruments determined by the Air Resources Board or the Executive Officer to produce equivalent results for PM10 with the Federal Reference Method (40 CFR, part 50, Appendix M, as published in 62 Fed. Reg. 38763, July 18, 1997).
- (jk) Fine Suspended Particulate Matter (PM2.5). Fine suspended particulate matter (PM2.5) refers to suspended atmospheric particles solid and liquid, except uncombined water as measured by a PM2.5 sampler which collects 50 percent of all particles of 2.5 mm aerodynamic diameter and which collects a declining fraction of particles as their diameter increases and an increasing fraction of particles as their diameter decreases, reflecting the characteristics of lung deposition. Fine suspended particulate matter (PM2.5) is to be measured by a California Approved Sampler (CAS) for PM2.5 for purposes of monitoring for compliamce with the Fine Particulate Matter (PM2.5) standards. Approved samplers, methods, and instruments are listed in Section 70100.1(b) below. A CAS for PM2.5 includes samplers, method, and instruments determined by the Air Resources Board or the Executive Officer to produce equivalent results for PM2.5 with the Federal Reference Method (40 CFR, part 50, Appendix L, as published in 62 Fed. Reg. 38763, July 18, 1997).

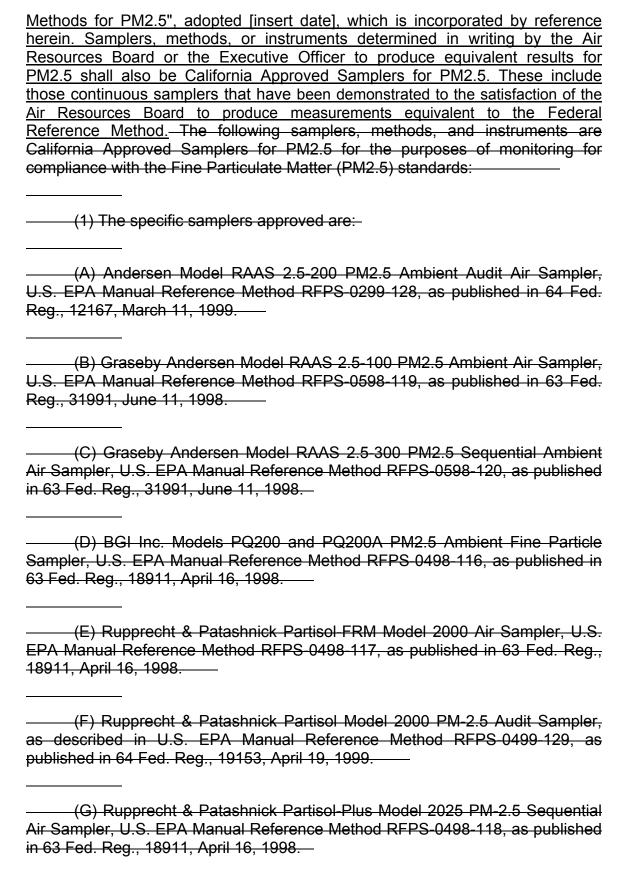
(<u>k</u> ł) Visibility Reducing Particles
(<u>I</u> m) Hydrogen Sulfide
(<u>m</u> n) Nitrogen Dioxide
(<u>n</u> e) Lead (particulate)
(<u>о</u> p) Sulfates
(<u>p</u> q) Vinyl Chloride
(<u>q</u> r) Ozone
(<u>r</u> s) Extinction Coefficient
Section 70100.1. Methods, Samplers, and Instruments for Measuring Pollutants.
a) PM10 Methods. The method for determining compliance with the PM10 ambient air quality standard shall be the Federal Reference Method for the Determination of Particulate Matter as PM10 in the Atmosphere (40 CFR, Chapter 1, part 50, Appendix M, as published in 62 Fed. Reg., 38753, July 18, 1997). California Approved Samplers for PM10 are set forth in "Air Monitoring Quality Assurance Manual Volume IV, Part A: Monitoring Methods for PM10", adopted [insert date], which is incorporated by reference herein. Samplers, methods, or instruments determined in writing by the Air Resources Board or the Executive Officer to produce equivalent results for PM10 shall also be California Approved Samplers for PM10. These include those continuous samplers that have been demonstrated to the satisfaction of the Air Resources Board to produce measurements equivalent to the Federal Reference Method. The following samplers, methods, and instruments are California Approved Samplers for PM10 for the purposes of monitoring for compliance with the Suspended Particulate Matter (PM10) standards:

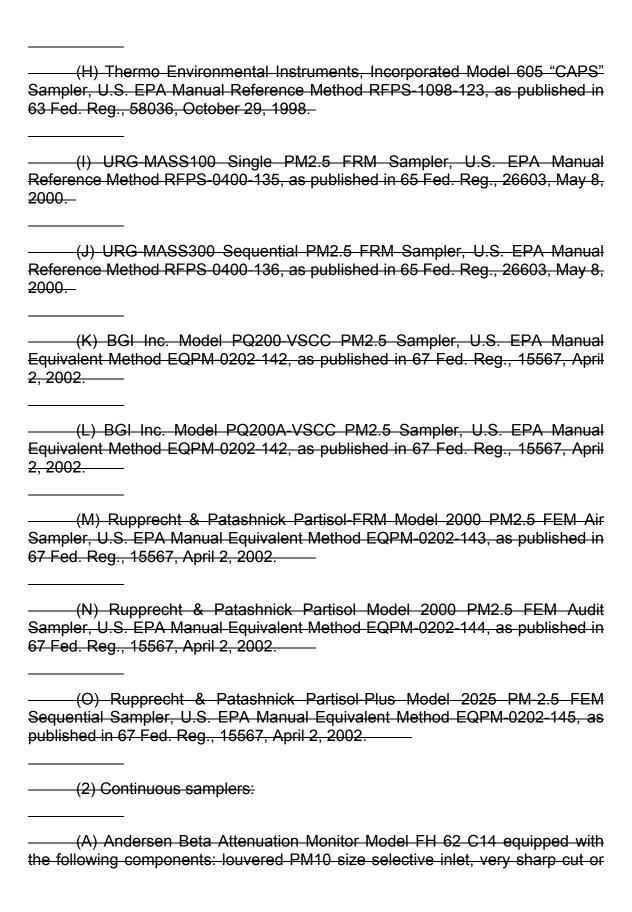
(1) The specific samplers approved are:

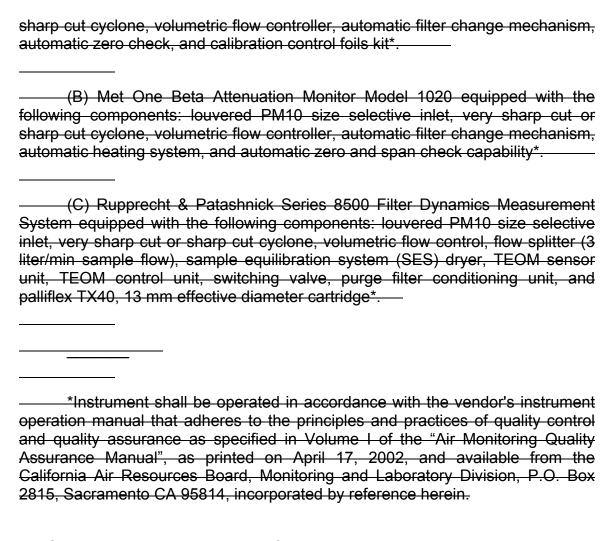




to separate PM2.5 from PM10. <u>California Approved Samplers for PM2.5 are set</u> forth in "Air Monitoring Quality Assurance Manual Volume IV, Part B: Monitoring







(c) Ozone Methods. The method for determining compliance with the ozone ambient air quality standard shall be the Federal Equivalent Method for the Determination of Ozone in the Atmosphere (40 CFR, part 53). California Approved Samplers for ozone are set forth in "Air Monitoring Quality Assurance Manual Volume IV, Part C: Monitoring Methods for Ozone", as adopted [insert date]. Samplers, methods, or instruments determined in writing by the Air Resources Board or the Executive Officer to produce equivalent results for ozone shall also be California Approved Samplers for ozone.

NOTE

Authority cited: Sections 39600, 39601 and 39606, Health and Safety Code. Reference: Sections 39014, 39606, 39701 and 39703(f), Health and Safety Code.

Section 70200. Table of Standards ***

Substance	Concentration and Methods*	Duration of Averaging Periods		Most Relevant Effects		Comments
Ozone	0.09 ppm** 0.070 ppm** ultraviolet photometry using California	1 hour <u>8 hour</u>	a.	Short-term exposures: (1) Pulmonary function decrements and localized lung edema in humans and animals. One-hour and multi-hour	a.	The standard is intended to prevent adverse <u>human</u> health effects.
	using California Approved Sampler as set forth in section 70100.1 (c)		b.	and animals. One-nour and multi-hour exposures: lung function decrements, and symptoms of respiratory irritation such as cough, wheeze, and pain upon deep inhalation. (2) Multi-hour exposures: airway hyperreactivity and airway inflammation. (2) Risk to public health implied by alterations in pulmonary morphology and host defence in animals. (3) excess deaths, hospitalization, emergency room visits, asthma exacerbation, respiratory symptoms and restrictions in activity. Long-term exposures: Risk to public health implied by altered pulmonary morphology in animals after long term exposures and pulmonary function decrements in chronically exposed humans. Ozone can induce tissue changes in the respiratory tract, and is associated with decreased lung function and emergency room visits for asthma. Welfare effects: (1) Yield loss in important crops and predicted economic loss to growers and consumers. (2) Injury and damage to forests native plants and potential changes in species diversity and number. (3) Damage to rubber and elastomers and to paints, fabric, dyes,	b.	The standard, when achieved, will not prevent all injury to crops and other types of vegeitation, but is intended to place an acceptable upper limit on the amount of yield and economic loss, as well as on adverse environmental impacts.

Suspended Particulate Matter (PM10)	50 μg/m³ PM10 <u>**</u>	24 hour samples, annual arithmetic mean illness and restrictions in activity from short-and long- by PM term exposures. Illness outcomes include, but are not limited to, respiratory symptoms, bronchitis, asthma exacerbation, emergency room visits and hospital suspensive by PM term exposures. Illness outcomes include, but are not collect collections.	illness and restrictions in activity from short-and long-term exposures. Illness outcomes include, but are not limited to, respiratory symptoms, bronchitis, asthma exacerbation, emergency room visits and hospital admissions for cardiac and respiratory diseases. Sensitive subpopulations include children, the elderly, and individuals with pre-existing	This standard applies to
	20 μg/m³ PM10 <u>**</u>			suspended mater as measured by PM10 sampler, which collects 50% of all particles of 10 µm aerodynamic diameter and collects a declining fraction of particles as their diameter increases, reflecting the characteristics of lung deposition.
	using California Approved Sampler as set forth in section 70100.1(a)			

^{*} The list of California Approved Samplers may be obtained from the Air Resources Board. Monitoring and Laboratory Division, P.O. Box 2815, Sacramento, CA 95814. Any equivalent procedure which can be shown to the satisfaction of the Air Resources Board to give equivalent results at or near the level of the air quality standard may be used.

Note

Authority cited: Sections 39600, 39601(a) and 39606, Health and Safety Code. Reference: Sections 39014, 39606, 39701 and 39703(f), Health and Safety Code; and Western Oil and Gas Ass'n v. Air Resources Bd. (1984) 37 Cal.3d 502.

HISTORY

- 1. Amendment filed 9-18-89; operative 10-18-89 (Register 89, No. 39). For prior history, see Register 88, No. 27.
- Amendment filed 6-29-92; operative 7-29-92 (Register 92, No. 27).
- 3. Amendment filed 6-5-2003; operative 7-5-2003 (Register 2003, No. 23).

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^{**} These standards are violated when concentrations exceed those set forth in the body of the regulation. All other standards are violated when concentrations equal or exceed those set forth in the body of the regulation.

^{***} Applicable statewide unless otherwise noted.

^{****}These standards are violated when particle concentrations cause measured light extinction values to exceed those set forth in the regulations.

Air Monitoring Quality Assurance Manual Volume IV

Part A: Monitoring Methods for PM10

- (1) The method for determining compliance with the State PM10 ambient air quality standard shall be the Federal Reference Method (FRM) for the Determination of Particulate Matter as PM10 in the Atmosphere (40 CFR, Chapter 1, part 50, Appendix M, as published in 62 Fed. Reg., 38753, July 18, 1997). When employed according to the FRM, the following are California Approved Samplers:
 - (A) Andersen Model RAAS10-100 PM10 Single Channel PM10 Sampler, U.S. EPA Manual Reference Method RFPS-0699-130, as published in 64 Fed. Reg., 33481, June 23, 1999.
 - (B) Andersen Model RAAS10-200 PM10 Single Channel PM10 Audit Sampler, U.S. EPA Manual Reference Method RFPS-0699-131, as published in 64 Fed. Reg., 33481, June 23, 1999.
 - (C) Andersen Model RAAS10-300 PM10 Multi Channel PM10 Sampler, U.S. EPA Manual Reference Method RFPS-0669-132, as published in 64 Fed. Reg., 33481, June 23, 1999.
 - (D) Sierra (currently known as Graseby) Andersen/GMW Model 1200 High-Volume Air Sampler, U.S. EPA Manual Reference Method RFPS-1287-063, as published in 52 Fed. Reg., 45684, December 1, 1987 and in 53 Fed. Reg., 1062, January 15, 1988.
 - (E) Sierra (currently known as Graseby) Andersen/GMW Model 321B High-Volume Air Sampler, U.S. EPA Manual Reference Method RFPS-1287-064, as published in 52 Fed. Reg., 45684, December 1, 1987 and in 53 Fed. Reg., 1062, January 15, 1988.
 - (F) Sierra (currently known as Graseby) Andersen/GMW Model 321-C High-Volume Air Sampler, U.S. EPA Manual Reference Method RFPS-1287-065, as published in 52 Fed. Reg., 45684, December 1, 1987.
 - (G) BGI Incorporated Model PQ100 Air Sampler, U.S. EPA Manual Reference Method RFPS-1298-124, as published in 63 Fed. Reg., 69624, December 17, 1998.
 - (H) BGI Incorporated Model PQ200 Air Sampler, U.S. EPA Manual Reference Method RFPS-1298-125, as published in 63 Fed. Reg., 69624, December 17, 1998.
 - (I) Rupprecht & Patashnick Partisol Model 2000 Air Sampler, U.S. EPA Manual Reference Method RFPS-0694-098, as published in 59 Fed. Reg., 35338, July 11, 1994.
 - (J) Rupprecht & Patashnick Partisol-FRM Model 2000 PM10 Air Sampler, U.S. EPA Manual Reference Method RFPS-1298-126, as published in 63 Fed. Reg., 69625, December 17, 1998.

- (K) Rupprecht & Patashnick Partisol-Plus Model 2025 PM10 Sequential Air Sampler, U.S. EPA Manual Reference Method RFPS-1298-127, as published in 63 Fed. Reg., 69625, December 17, 1998.
- (L) Tisch Environmental Model TE-6070 PM10 High-Volume Air Sampler, U.S. EPA Manual Reference Method RFPS-0202-141, as published in 67 Fed. Reg., 15566, April 2, 2002.
- (2) The following continuous Californian Approved Samplers have been demonstrated to the satisfaction of the Air Resources Board to produce measurements equivalent to the FRM:
 - (A) Andersen Beta Attenuation Monitor Model FH 62 C14 equipped with the following components: louvered PM10 inlet, volumetric flow controller, automatic filter change mechanism, automatic zero check, and calibration control foils kit*.
 - (B) Met One Beta Attenuation Monitor Model 1020 equipped with the following components: louvered PM10 size selective inlet, volumetric flow controller, automatic filter change mechanism, automatic heating system, automatic zero and span check capability*.
 - (C) Rupprecht & Patashnick Series 8500 Filter Dynamics Measurement System equipped with the following components: louvered PM10 size selective inlet, volumetric flow control, flow splitter (3 liter/min sample flow), sample equilibration system (SES) dryer, TEOM sensor unit, TEOM control unit, switching valve, purge filter conditioning unit, and palliflex TX40, 13 mm effective diameter cartridge*.

*Instrument shall be operated in accordance with the vendor's instrument operation manual that adheres to the principles and practices of quality control and quality assurance as specified in Volume I of the "Air Monitoring Quality Assurance Manual", as printed on April 17, 2002, and available from the California Air Resources Board, Monitoring and Laboratory Division, P.O. Box 2815, Sacramento CA 95814, incorporated by reference herein.

Air Monitoring Quality Assurance Manual Volume IV

Part B: Monitoring Methods for PM2.5

- (1) The method for determining compliance with the State PM2.5 ambient air quality standard shall be the Federal Reference Method (FRM) for the Determination of Particulate Matter as PM2.5 in the Atmosphere, 40 CFR, part 50, Appendix L, as published in 62 Fed. Reg., 38714, July 18, 1997 and as amended in 64 Fed. Reg., 19717, April 22, 1999. These must use either the WINS impactor or the U.S. EPA-approved very sharp cut cyclone (67 Fed. Reg., 15566, April 2, 2002) to separate PM2.5 from PM10. When employed according to the FRM, the following are California Approved Samplers:
 - (A) Andersen Model RAAS 2.5-200 PM2.5 Ambient Audit Air Sampler, U.S. EPA Manual Reference Method RFPS-0299-128, as published in 64 Fed. Reg., 12167, March 11, 1999.
 - (B) Graseby Andersen Model RAAS 2.5-100 PM2.5 Ambient Air Sampler, U.S. EPA Manual Reference Method RFPS-0598-119, as published in 63 Fed. Reg., 31991, June 11, 1998.
 - (C) Graseby Andersen Model RAAS 2.5-300 PM2.5 Sequential Ambient Air Sampler, U.S. EPA Manual Reference Method RFPS-0598-120, as published in 63 Fed. Reg., 31991, June 11, 1998.
 - (D) BGI Inc. Models PQ200 and PQ200A PM2.5 Ambient Fine Particle Sampler, U.S. EPA Manual Reference Method RFPS-0498-116, as published in 63 Fed. Reg., 18911, April 16, 1998.
 - (E) Rupprecht & Patashnick Partisol-FRM Model 2000 Air Sampler, U.S. EPA Manual Reference Method RFPS-0498-117, as published in 63 Fed. Reg., 18911, April 16, 1998.
 - (F) Rupprecht & Patashnick Partisol Model 2000 PM-2.5 Audit Sampler, as described in U.S. EPA Manual Reference Method RFPS-0499-129, as published in 64 Fed. Reg., 19153, April 19, 1999.
 - (G) Rupprecht & Patashnick Partisol-Plus Model 2025 PM-2.5 Sequential Air Sampler, U.S. EPA Manual Reference Method RFPS-0498-118, as published in 63 Fed. Reg., 18911, April 16, 1998.
 - (H) Thermo Environmental Instruments, Incorporated Model 605 "CAPS" Sampler, U.S. EPA Manual Reference Method RFPS-1098-123, as published in 63 Fed. Reg., 58036, October 29, 1998.
 - (I) URG-MASS100 Single PM2.5 FRM Sampler, U.S. EPA Manual Reference Method RFPS-0400-135, as published in 65 Fed. Reg., 26603, May 8, 2000.
 - (J) URG-MASS300 Sequential PM2.5 FRM Sampler, U.S. EPA Manual Reference Method RFPS-0400-136, as published in 65 Fed. Reg., 26603, May 8, 2000.

- (K) BGI Inc. Model PQ200-VSCC PM2.5 Sampler, U.S. EPA Manual Equivalent Method EQPM-0202-142, as published in 67 Fed. Reg., 15567, April 2, 2002.
- (L) BGI Inc. Model PQ200A-VSCC PM2.5 Sampler, U.S. EPA Manual Equivalent Method EQPM-0202-142, as published in 67 Fed. Reg., 15567, April 2, 2002.
- (M) Rupprecht & Patashnick Partisol-FRM Model 2000 PM2.5 FEM Air Sampler, U.S. EPA Manual Equivalent Method EQPM-0202-143, as published in 67 Fed. Reg., 15567, April 2, 2002.
- (N) Rupprecht & Patashnick Partisol Model 2000 PM2.5 FEM Audit Sampler, U.S. EPA Manual Equivalent Method EQPM-0202-144, as published in 67 Fed. Reg., 15567, April 2, 2002.
- (O) Rupprecht & Patashnick Partisol-Plus Model 2025 PM-2.5 FEM Sequential Sampler, U.S. EPA Manual Equivalent Method EQPM-0202-145, as published in 67 Fed. Reg., 15567, April 2, 2002.
- (2) The following continuous samplers have been demonstrated to the satisfaction of the Air Resources Board to produce measurements equivalent to the FRM:
 - (A) Andersen Beta Attenuation Monitor Model FH 62 C14 equipped with the following components: louvered PM10 size selective inlet, very sharp cut or sharp cut cyclone, volumetric flow controller, automatic filter change mechanism, automatic zero check, and calibration control foils kit*.
 - (B) Met One Beta Attenuation Monitor Model 1020 equipped with the following components: louvered PM10 size selective inlet, very sharp cut or sharp cut cyclone, volumetric flow controller, automatic filter change mechanism, automatic heating system, and automatic zero and span check capability*.
 - (C) Rupprecht & Patashnick Series 8500 Filter Dynamics Measurement System equipped with the following components: louvered PM10 size selective inlet, very sharp cut or sharp cut cyclone, volumetric flow control, flow splitter (3 liter/min sample flow), sample equilibration system (SES) dryer, TEOM sensor unit, TEOM control unit, switching valve, purge filter conditioning unit, and palliflex TX40, 13 mm effective diameter cartridge*.

^{*}Instrument shall be operated in accordance with the vendor's instrument operation manual that adheres to the principles and practices of quality control and quality assurance as specified in Volume I of the "Air Monitoring Quality Assurance Manual", as printed on April 17, 2002, and available from the California Air Resources Board, Monitoring and Laboratory Division, P.O. Box 2815, Sacramento CA 95814, incorporated by reference herein.

Air Monitoring Quality Assurance Manual Volume IV

Part C: Monitoring Methods for Ozone

The method for determining compliance with the State ozone ambient air quality standard shall be the Federal Equivalent Method (FEM) for the Determination of Ozone in the Atmosphere (40 CFR, part 53). The FEM (ultraviolet photometry) is considered equivalent to the Federal Reference Method (chemiluminescence) as described in 40 CFR, Chapter 1, Part 50, Appendix D as published in FR 62, 38895, July 18, 1997. When employed according to the FEM (40 CFR, part 53), the following are California Approved Samplers:

- (A) Dasibi Models 1003-AH, 1003-PC, or 1003-RS Ozone Analyzers, USEPA Automated Equivalent Method EQOA-0577-019, as published in FR 42, 28571, June 03, 1977.
- (B) Dasibi Models 1008-AH, 1008-PC, or 1008-RS Ozone Analyzers, USEPA Automated Equivalent Method EQOA-0383-056, as published in FR 48, 10126, March 10, 1983.
- (C) DKK-TOA Corp. Model GUX-113E Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0200-134, as published in FR 65, 11308, March 02, 2000.
- (D) Environics Series 300 Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0990-078, as published in FR 55, 38386, September 18, 1990.
- (E) Environnement S.A. Model O₃41M UV Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0895-105, as published in FR 60, 39382, August 02, 1995.
- (F) Environnement S.A. Model O₃42M UV Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0206-148, as published in FR 67, 42557, June 24, 2002.
- (G) Environnement S.A. SANOA Multigas Longpath Monitoring System, USEPA Automated Equivalent Method EQOA-0400-137, as published in FR 65, 26603, May 08, 2000.
- (H) Horiba Instruments Models APOA-360 and APOA-360-CE Ozone Monitor, USEPA Automated Equivalent Method EQOA-0196-112, as published in FR 61, 11404, March 20, 1996.
- (I) Monitor Labs/Lear Siegler Model 8810 Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0881-053, as published in FR 46, 52224, October 26, 1981.
- (J) Monitor Labs/Lear Siegler Models ML9810, ML9811, or ML9812, Monitors Labs Model ML9810B, or Wedding & Associates Model 1010 Ozone Analyzers, USEPA Automated Equivalent Method EQOA-0193-091, as published in FR 58, 6964, February 03, 1993.

- (K) Opsis Model AR 500 and System 300 Open Path Ambient Air Monitoring Systems for Ozone, USEPA Automated Equivalent Method EQOA-0495-103, as published in FR 60, 21518, May 02, 1995.
- (L) PCI Ozone Corporation Model LC-12 Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0382-055, as published in FR 47, 13572, March 31, 1982.
- (M) Philips PW9771 O3 Analyzer, USEPA Automated Equivalent Method EQOA-0777-023, as published in FR 42, 38931, August 01, 1977; FR 42, 57156, November 01, 1977.
- (N) Teledyne-Advanced Pollution Instrumentation, Inc. Model 400E Ozone Analyzer, Advanced Pollution Instrumentation, Inc. Model 400/400A Ozone Analyzer, USEPA Automated Equivalent Method EQOA-0992-087, as published in FR 57, 44565, September 28; 1992, FR 63, 31992, June 11, 1998; FR 67, 57811, September 12, 2002.
- (O) Thermo Electron/Thermo Environmental Instruments Models 49, 49C, USEPA Automated Equivalent Method EQOA-0880-047, as published in FR 45, 57168, August 27, 1980